

**CONSENT FOR RELEASE OF PERSONAL RECORDS
BY EXECUTIVE AGENCIES**

TO WHOM IT MAY CONCERN:

I have sought assistance from Congresswoman Sue Myrick on a matter which may require the release of information maintained by your agency and which you may be prohibited from disseminating under the "Privacy Act of 1974."

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congresswoman Myrick or any authorized member of her staff until this matter is resolved.

Name (please print)

Current address

City

State

Zip Code

Home Telephone

Work Telephone:

E-mail Address

___ Please check the space to the left if you would like to receive Sue's newsletter.

Date of Birth

Place of Birth

Social Security Number

Branch of Service:

Military Rank (if applicable)

Military Serial Number (if applicable)

Military Address (if applicable)

Date & Place of Entry in Military

Date and Place of Discharge

VA Claim Number

Your Signature

Return to: Representative Sue Myrick
 197 West Main Avenue
 Gastonia, N. C. 28052